

Service for the Blind and Physically Handicapped

702 W. Kalamazoo Street P.O. Box 30007 Lansing, MI 48909

Visit us at: www.michigan.gov/sbph

For Information Call Toll-free 1-800-992-9012 Lansing Area Residents Call: 517-373-5614



CERTIFICATE OF ELIGIBILITY AND APPLICATION FOR LIBRARY MATERIALS

Books recorded on audio cassette tape and Braille books are available to those who are unable to read or use normal printed materials as a result of blindness, visual disability or physical limitations.

Notice: All patron records pertaining to this service will remain confidential, as required by the Michigan Library Privacy Act.

Please print or type:		
*Name of Applicant:		
Street Address:		
City:	County:	ZIP:
Telephone No.:	Date of Birth:	Sex:
Email Address:		
Please tell us who to contact if	you cannot be reached:	
Name:	Telepho	one No.:
	on below. If you are registering as a	of organization above as name of appli- School, you must list all students using
Contact Person:	Telepho	one No.:

J	of visual field subtending an angular distance no greater than 20 degrees.
0	VISUAL DISABILITY: Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.
0	PHYSICAL DISABILITY: Unable to read or use standard printed materials as a result of physical limitations. Examples include without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from strokes, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, arthritis.
0	DEAF-BLIND: Severe auditory impairment in combination with legal blindness.
0	PHYSICALLY BASED READING DISABILITY: Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. Individuals must establish the following facts:
	*The reading disability must be of sufficient severity to prevent reading regular or standard printed material in a normal manner,
	*The cause of the disability must be physically based, that is, it must be an organic dysfunction, and
	*The person certifying the application must be medically able to judge whether the disability has a physical or organic basis.
of me	dividual whose reading disability does not have a physical origin is NOT eligible. The signature of a doctor dicine or doctor of osteopathy is required by federal regulation on the application to certify not only that a g disability exists and is serious enough to prevent reading regular printed material in a normal manner, but nat the identified condition has a physical basis.
то в	E COMPLETED BY CERTIFYING AUTHORITY:
	fy that the applicant named has requested library service and is unable to read or use standard printed materials e reason indicated above. (Please print or type)
Name	: Date:
Title a	and Occupation:
Street	Address: Telephone No.:
City:	State: ZIP:
Signat	ture:
(If A l	PHYSICALLY BASED READING DISABILITY is checked, a Medical or Osteopathic doctor must sign.)

▼ PLEASE CHECK THE DISABILITY UNDER WHICH YOU QUALIFY:

•	EQUI	JIPMENT (4-track) & ACCESSORIES: 1	please check materia	ls wanted.	
	O	Books and Magazines on cassette and St	andard Cassette Boo	ok Machine (4-track	x)
	0	Books and Magazines on cassette and Ea low mobility or those who do not have	•		for individuals with
	O	Headphones			
•	OTH	HER MATERIALS: please check materials	wanted.		
	O	Braille Books O D	Described Movies		
•	SPEC	CIAL ATTACHMENTS: please check on	ly those needed.		
	0	Amplifier/headphone system — SOLEL Requires separate application.	<i>Y</i> for the use of the	severely hearing im	paired.
	0	Remote control unit — SOLELY for the separate application.	e use of those confin	ned to bed or with v	ery limited mobility. Require
	O	Breath Switch — SOLELY for the use o	f the severely physic	ally impaired. Requ	ires separate application.
•	CIRC	CULATION OF MATERIALS: please cho	eck one.		
	O	Send/Return — another book will autor	matically be mailed 1	to me when I returr	ı a book.
	O	Weekly — books will be sent on a week	ly basis.		
	O	Bi-weekly — books will be sent on a bi-	weekly basis.		
	O	Monthly — books will be sent on a mor	nthly basis.		
	O	Request Only — books will only be sen	t when requested.		
	Would	ld you like a Reader Advisor to select book	s for you?	Yes O No	o, I will select my own books
	Please	se indicate the number of books you would	like to receive per n	nailing:	
•		FERRED READING LEVEL: please chec		8	_
		Adult O Young Adult		O grades 5-8	O grades 4-7
		grades 3-6 O grades 2-4			grades 17
	→ gi	grades 3-0 grades 2-4	y grades K-3	grades 1-2	
•	WILL	L YOU ACCEPT BOOKS WITH THE I	FOLLOWING: ple	ase check all that ap	pply.
	Strong	ng language O Yes O	No Violer	nce O Yes	O No
	Explic	icit descriptions of sex O Yes O	No		

NEW BOOKS: please check one.			ALOG OF
Talking Book Topics	O Large Print O Ca	assette Tape O Compute	er Diskette
Braille Book Review	O Large Print O Br	raille	
READING INTERESTS	S IN FICTION: please check all su	bjects wanted.	
O Adventure	O Historical Fiction/Foreign	O Mystery	O Short Stories
O Action/Suspense	O Specify:	O Best Sellers	O Contemporary
O Futuristic		O Courtroom, Law	O Traditional
O Politics	O Historical Fiction/U.S.	O Detective	O Sports/Recreation
○ Sea	O Pre-Columbian	O Historical	O Specify:
O Spy	O Colonial/Revolutionary	O Psychological Thriller	
○ War	O Civil War	O Suspense	O War Stories
O Wilderness	O Frontier	Occult/Horror	O Revolutionary
O Animals/Nature	O Westward Expansion	O Romance	O Civil
O Birds	O 19 th Century	O Best Sellers	O Native American
O Cats	○ 20 th Century	O Harlequin	O Spanish
O Dogs	O Biographical	O Historical	I WW O
O Horses	○ Holidays	O Modern	O WW II
O Nature	O Specify:	O Old Fashioned	O Korean
O Best Sellers		O Regency	O Vietnam
O Within 2 years	O Humor	O Spicy	O Foreign
O Older than 2 years	O Inspirational	O Science Fiction/Fantasy	O Westerns
O Entertainment	O Overcoming Obstacles	O Best Sellers	
O Ethnic	O Religious	O Fantasy	
O Family	O Michigan Interest	O Star Trek	
O Modern	O Modern Writing	O Star Wars	
O Sagas	O Music (About)		

O Specify:

O Traditional

O Aging	O Careers	O History/U.S.	O Philosophy
O Animals/Nature	O Computers	O Pre-Columbian	O Plays
O Care and training	O Specify:	O Colonial/Revolutionary	O Poetry
O Birds		O Civil War	O Psychology
O Cats	O Cooking	O Westward Expansion	O Religion
O Dogs	O Conventional	O 19 th Century	O Specify:
O Horses	O Diet	○ 20 th Century	
O Nature	O Ethnic/Regional	O 21 st Century	O Science/Technolog
O Art/Architecture	O Gourmet	O Hobbies	O Specify:
O Best Sellers	O Disabilities	O Specify:	
O Within 2 years	O Specify:		O Social Issues
O Older than 2 years		○ Holidays	O Sports/Recreation
D Biography	O Ethnic	O Specify:	O Specify:
O Artists	O African American	2.11	O Travel
O Autobiography	O Asian	O Literature	O How-to Books
O Business	O Hispanic	O Classics	O Foreign
O Celebrities	O Jewish	O Essays	O United States
O Disabled Persons	O Native American	O Modern	O War
O Entertainers	O Men's Interest	O Nobel Prize	
O Family	O Women's Interest	O Pulitzer Prize	O Revolutionary
O Historical	○ Folklore/Mythology	O Michigan Interest	O Civil
	○ Health	O Mystery	O Native America
O Journalism	O Specify:	O True Crime	O Spanish
O Literary		O Music (About)	I WW C
O Politics	○ History/Foreign	O Specify:	II WW C
O Religion	O Specify:		O Korean
O Royalty	O specify.		O Vietnam
O Sports			O Foreign
D Business/Economics			O Westerns

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PLEASE LIST FAVORITE AUTHORS:	
PLEASE LIST FAVORITE SERIES:	
PLEASE LIST ANY TITLES YOU WOU	JLD LIKE TO RECEIVE:
FOR SCHOOLS ONLY: LIST BELOW ALL STUDENT(S) AND YOUR SCHOOL	THEIR DISABILITY(IES) USING OUR SERVICE IN
Blind	Physical Disability
Visual Disability	Reading Disability